Application No. (if known): 09/164,568 *

Attorney Docket No.: 20052/1200518-US5

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

EV367696440W

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on August 27, 2004

Date

Signature.

Typed or printed name of person signing Certificate

Note:

Each paper must have its own certificate of mailing, or this certificate must identify

each submitted paper.

Five Month Request for Extension of Time Under 37 CFR 1.136(a)

(1 page)

Amendment in Response to Non-Final Office Action (14 pages)

Transmittal (1 page)

Request for Continued Examination (1 page)

Fee Transmittal (1 page)

Check in the amount of \$2,780.00

Return Receipt Postcard

PTO/SB/21 (02-04)
Approved for use through 07/31/2006. OMB 0651-0031

Under the Paperwork	Reduction Act of 1995, no pers	ons are required to res	pond to a collection of inform	ation	unless it displays a valid OMB control number			
		-	Application Number		09/164,568			
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date		October 1, 1998			
			First Named Inventor		Randolph J. Noelle			
			Art Unit		1644			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J,	Examiner Name		P. Gambel			
Total Number	r of Pages in This Submiss	sion 20	Attorney Docket Number		20052/1200518-US5			
	ENCLOSURES (Check all that apply)							
X Fee Transr	nittal Form	Drawing(s)			After Allowance communication to Technology Center (TC)			
X Fee	Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
X Amendmer	nt/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After	Final	Petition to Convert to a Provisional Application			Proprietary Information			
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
X Extension of Time Request		Terminal Disclaimer		\ \[x	Other Enclosure(s) (please Identify below):			
Express Abandonment Request		Request for Refund		C	Request for Continued Examination Certificate of Express Mailing			
Information Disclosure Statement		CD, Number of CD(s)		R 	teturn Receipt Postcard			
Certified Copy of Priority Document(s)								
Response to Missing Parts/ Incomplete Application		Remarks						
	oonse to Missing Parts or 37 CFR 1.52 or 1.53							
and and a	7 57 51 17 1.52 51 1.55							
	SIGNATI	JRE OF APPLICA	ANT, ATTORNEY, OF	RAC	SENT			
Firm or Individual name	DARBY & DARBY P Stephanie R. Amoro		01					
Signature	Mesh	mln	m					
Date	August 27, 2004							

Express Mail Label No.	Dated:		

Approved for use thr.

U.S. Patent and Trademark Office; U.S.

Under Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it disp

[ZUA 13]					Annro	ved for use thr	PTO/S ough 7/31/2006. OM	B/17 (10-03
Undstate Paperwork Reduction Act of 1995, no persons are requi	red to r	espond t	U.S. P	atent an	d Tradema	rk Office; U.S.	. DÉPARTMENT OF (COMMERCE
-1085		оорона с	<u> </u>	NO GOLI C		plete if Kn		100/110/100/
FEE TRANSMITTAL		Application Number			er	09/164,568		
for EV 2004	Filing Date			October 1, 1998				
for FY 2004		First Named Inventor			Randolph J. Noelle			
Effective 10/01/2003. Patent fees are subject to annual revision.		Examiner Name				P. Gambel		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit				1644		
TOTAL AMOUNT OF PAYMENT (\$) 2,780.00		Attorney Docket No. 20052/1200518-US5						
METHOD OF PAYMENT (check all that apply)				FEE	CALCU	LATION (co	ntinued)	
X Check Credit Money Other None Deposit Account:		DDITIO						_
Deposit O4 0400		Entity Eas	Smal	I Entity	_			
Account Number 04-0100	Fee Code	Fee (\$)	Code	Fee (\$)		Fee Desc	ription	Fee Paid
Deposit Account Darby & Darby P.C.	1051	130	2051	65	Surcharge	- late filing fe	e or oath	
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge sheet.	- late provisio		
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		sh specification		
Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a	request for ex p	parte reexamination	
	1804	920*	1804	920*		g publication o	of SIR prior to	
to the above-identified deposit account.		1,840*	1805		Examiner Requestin	g publication o		
FEE CALCULATION	1251	110	2251	55	Examiner	action for reply within		
1. BASIC FILING FEE	1252	420	2252				second month	<u> </u>
Large Entity Small Entity	1253	950	2253	475	Extension	for reply within	third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740	Extension	for reply within	fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension	for reply within	fifth month	2,010.00
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A	tice of Appeal		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	_	iling a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403 1451	290 1,510	2403 1451	145		Request for oral hearing Petition to institute a public use proceeding		
	1452	110	2452	55		revive - unav		
SUBTOTAL (1) (\$) 0.00	1453		2453	665	Petition to	revive - uninte		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issu	e fee (or reissu		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design iss	ue fee		
Total Claims 20** = x = 0.00	1503	640	2503	320	Plant issue	e fee		
Independent 1 -3** = x = 0.00	1460	130	1460	130	Petitions t	o the Commiss		
Multiple Dependent	1807	50	1807	50	Processin	g fee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180			on Disclosure Stmt	
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40		each patent a imes number o		L
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a su (37 CFR 1	bmission after .129(a))	final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	For each a	additional inver		
1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385		examined (37CFR 1.129(b)) Request for Continued Examination (RCE)		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		or expedited ex	xamination	
and over original patent	Other	fee (spe	cify)					
SUBTOTAL (2) (§) 0.00 **or number previously paid, if greater, For Reissues, see above	*Red	uced by I	Basic F	iling Fee	Paid	SUBTO	TAL (3) (\$)	2,780.00
SUBMITTED BY			_			(Complete	(if applicable))	
Name (Print/Type) Stephanie R. Ampriso, Ph.D.		ration No		1,401		Telephone	(212) 409-3790	 I
	Attom	ey/Agent)	_1	., 701		<u> </u>		
Signature Of Church	12	u	<u>~</u>	И.		Date	August 27, 200	4
÷ "								

		$\overline{}$
Express Mail Label No.	Dated:	
		- 1